HOUSING FIRST-
PERMANENT SUPPORTIVE HOUSING-
HARM REDUCTION STRATEGIES

interdependent and essential to the success of chronically homeless persons obtaining and sustaining a home

CONTEXT- THE BRAIN

- 3 main factors that affect CNS… and person's susceptibility to *mental illness and/or addiction:* Heredity/environment/drugs
- Brain and Neurotransmitters
- Environment
- Psychoactive Drugs
- Addiction
- Mental Illness

OLD & NEW BRAIN

- Old Brain Functions
  - Regulates physiological functions
  - Experience emotions & *cravings*
  - Reward/pleasure center (hard wired for pleasure!)
  - Survival

OLD BRAIN IS DOMINANT- when challenged by anger, fear, *craving!*

- New Brain Functions:
  - Process information
  - Makes sense of feelings, emotions, *cravings*
  - Gives us ability to speak, reason, create

NEW BRAIN IS SUBMISSIVE to old brain survival dominance- *craving, lust, thirst, hunger*

OUR BRAINS ARE HARD-WIRED FOR PLEASURE SEEKING

- Neurotransmitters are the part of the central nervous system most affected by *psychoactive drugs, trauma, stress*
- Neurotransmitters of particular interest to mental illness & addiction:
  - Seratonin (mood, satisfaction)
  - Dopamine (pleasure, craving)
  - Norepinephrine (fight/flight response)

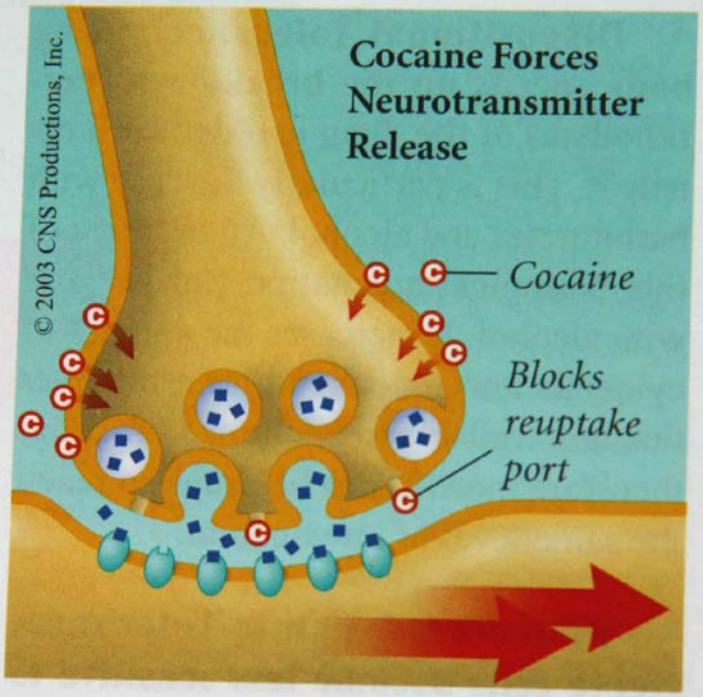

Figure 2-13 •

Cocaine forces the release of extra neurotransmitters and blocks their reabsorption, thus increasing the frequency and therefore the intensity of the electrical signal in the postsynaptic neuron.

ENVIRONMENT & BRAIN DEVELOPMENT

".. it takes at least 20 years for the brain to become *hardwired*, or to form all its major and vital connections, including the decision-making part of the brain, which is the heart of the "stop" circuit… Changes that occur in the first ten years of life are the most influential, especially if they were caused by traumatic events."

- “Brain development in the uterus and during childhood is the single most important biological factor in determining whether or not a person will be predisposed to substance dependence and to addictive behaviors of any sort, whether drug related or not.”

- “Genes do dictate the basic organization, developmental schedule, and anatomical structure of the human central nervous system, but **it’s left to the environment** to sculpt and fine-tune the chemistry, connections, circuits, networks, and systems that determine how well we function.”

- “Of all the mammals, we humans have the *least* mature brain at birth… *three quarters of our brain growth takes place outside the womb*, most of it in the early years.”

- “The three environmental conditions *absolutely essential to optimal human brain development* are **nutrition, physical security, and consistent emotional nurturing**.”

- “The child needs to be in an *attachment relationship* with at least one reliably available, protective, psychologically present, and reasonably non-stressed adult.”

THE BASIC CAUSE OF ADDICTION IS PREDOMINANTLY

EXPERIENCE-DEPENDENT DURING CHILDHOOD,

NOT SUBSTANCE DEPENDENT

ENVIRONMENT- STRESS

- Stress is a physiological response when confronted with excessive demands on coping mechanisms- an attempt to maintain internal stability.

- The physiological stress response involves nervous discharges *throughout the body* releasing hormones including adrenaline.

- Five factors that lead to stress for human beings:
  - Uncertainty
  - Lack of information
  - Loss of control
  - Conflict that the person is unable to handle
  - *Isolation from emotionally supportive relationships*

ADDICTION

ADDICTION is the repetitive, compulsive use of a substance that occurs despite negative consequences to the user

- Chronic- once established, one is vulnerable to its effects for life
- Abuse/long term use results in brain damage
- Progressive

MENTAL ILLNESS- Schizophrenia

- Symptoms:
  - Delusions/false beliefs
  - Hearing, feeling, tasting, smelling things that are not there
  - Hearing voices
  - Believing objects, events, or people control your thoughts and acitons
  - “word salad”

Schizophrenia- treatment

- DRUGS:
  - Conventional: Mellaril, Haldol, Prolixin, Thorazine
  - Atypical: Clozapine, Resperidone, Zyprexa, Geodon, Abilify, Saphris

BRAIN- Connecting Drugs and Neurotransmitters

- Drugs for treatment of Schizophrenia:
  - Intended Effect: reduce *symptoms*- particularly delusions and paranoia, distractibility; increase ability to focus
  - Side effects: muscle stffness, akathesia, weight gain, fatigue, parkinsonism
  - Neurotransmitter activity impacted by drug: *DOPAMINE IS BLOCKED*

NON-RX ADDICTIVE DRUG- "CRACK"

- Intended Effect: anesthetic, stimulant, intense rush of pleasure, feeling of power and confidence, enhanced sexual interest
- Side effects: disrupts heart beat, surge in blood pressure, intense craving, powerful addiction
- Neurotransmitter activity impacted by drug: *TRIGGERS RELEASE OF DOPAMINE*

HISTORICAL CONTEXT

- History of HOMELESSNESS
- Who are the people we call HOMELESS?
- How have we responded to “end” HOMELESSNESS?
- Criminalization
- “Chronic” HOMELESSNESS
- The evolution of “Housing First” and Permanent Supportive Housing

HOUSING FIRST = HOME FIRST

- Direct access to a home
- Having a home is a basic human right
- Tenant driven
- Tenant choice
- Acknowledges that a person can heal & recover at home

  (vs. on the streets)

- Does not *require* abstinence from drugs or alcohol
- Does not *require* participation in mental health treatment
- Not *necessarily* rapid re-housing

PERMANENT SUPPORTIVE HOUSING

- Housing “unbundled”, but linked to services
- Participation in services is *voluntary* & NOT a condition of lease
- Affordable
- On-site services are:
  - Flexible
  - **Pro-active**
  - individualized

- *NOT a program*
- Retention of housing is not contingent on participation in mental health treatment
- Retention of housing is not contingent on abstinence from drugs
- Retention of housing is contingent on abiding by the lease

PERMANENT SUPPORTIVE HOUSING

TO SUCCEED PSH RELIES ON:

- an effective partnership among property owner, property management, on-site service staff, *and the tenant*
- initially, utilizing the relationship between the new tenant and the service staff who has engaged and helped him/her obtain housing- to assist the tenant through the transition from streets to home

PERMANENT SUPPORTIVE HOUSING *RETENTION*

The *RELATIONSHIP* between service staff and tenant is a critical factor in housing retention.

CHARACTERISTICS & APPROACHES TO BUILDING THE RELATIONSHIP

- Ability to be consistent, reliable, authentic
- An understanding of *each* tenant's needs as s/he defines them
- As a *team*, assess & re-assess goals & plans
- Capacity to *facilitate change in behavior*
- A genuine enjoyment of time & interactions
- Mutual respect

- Obtain maximum benefit from any time or interaction- being fully present
- Being flexible and responsive- adapting and learning new tools and strategies
- Remaining a student- learning from the relationship
- A commitment to be **PRO-ACTIVE**

HARM REDUCTION STRATEGIES

Harm Reduction Strategies build a consistent, trusting, reliable, and empowering **relationship** between a service provider and tenant.

Harm Reduction Strategies embrace all recovery intervention modes; maximize individual choice and self-determination; and are voluntary, tenant-driven, and health enhancing.

Harm Reduction is a set of practical strategies that reduce negative consequences of drug use and mental illness, incorporating methods from safer use, to managed use, to abstinence.

Harm Reduction strategies address the *conditions* of use and treatment along with the person's illness or drug use itself.

THOSE OF US WHO UTILIZE HARM REDUCTION STRATEGIES:

- acknowledge that mental illness and drug use are part of our world and we choose to work to minimize their harmful effects rather than simply ignore or condemn them;
- acknowledge that mental illness and drug use are **health**- not criminal justice- issues
- do not attempt to minimize or ignore the many severe and lasting harm and dangers associated with illicit *and* licit drug use;

THOSE OF US WHO UTILIZE HARM REDUCTION STRATEGIES:

- recognize that the realities of poverty, class, racism, social isolation, past trauma, sex-based discrimination and other social inequalities affect people's vulnerability and capacity for effectively dealing with mental illness and drug-related harm;

- acknowledge that some ways of treating mental illness and using drugs are clearly safer than others; that recovery is an individual path that can involve relapse;

THOSE OF US WHO UTILIZE HARM REDUCTION STRATEGIES:

- establish quality of individual and community life and well-being (not necessarily cessation of drug use or participation in mental health treatment) as the criteria for successful interventions and policies;
- ensure that persons with co-occurring disorders and those with a history of drug use and/or mental illness *routinely* have a real voice in the creation of programs and policies designed to serve them;

THOSE OF US WHO UTILIZE HARM REDUCTION STRATEGIES:

- affirm that persons with co-occurring disorders are the primary agents of reducing the harms of their own illness/drug use;
- advocate for the non-judgmental, non-coercive provision of services, treatment, and housing options to people who have co-occurring disorders.
- facilitate the creation of constructive, diverse, and safe communities- essential to growth, change, and each individual's ability to thrive.

Utilizing Harm Reduction strategies is a ***way of being with individuals***

It involves developing an empathic, mutually respectful, empowering **relationship** that helps people:

- make the best decisions for and take maximum control of their own lives
- resolve fear and ambivalence
- enhance intrinsic motivation
- build confidence to change

MYTHS ABOUT HARM REDUCTION

- Harm Reduction is the opposite of abstinence
- Harm Reduction is just giving people permission to use
- You can’t mix harm reduction and abstinence goals in treatment
- Harm Reduction means that anything goes

WHAT IS THE GREATEST BARRIER TO INCREASING THE USE OF HOUSING FIRST AND HARM REDUCTION STRATEGIES?

The belief and assumption that people will change their behavior if they are fearful and ostracized

WHAT HAS RESEARCH DEMONSTRATED?

That people are actually more *likely* to accept treatment once their basic needs have been met

Gabor Mate:

"The moments of reprieve… come not when we aim for dramatic achievements… but when clients allow us to reach them, when they permit even a slight opening in the hard, prickly shells they've built to protect themselves.

For that to happen, they must first sense our commitment to accepting them for who they are. That is the essence of harm reduction, but it's also the *essence of any healing or nurturing* ***relationship****.*

RECOVERY FROM MENTAL ILLNESS

- Resilience in the personal process of tackling the adverse impact of mental health problems, despite their continuing or long-term presence
- recognition that recovery does not mean “cure”
- personal development and change, including:
  - acceptance that there are problems to face
  - a sense of involvement
  - the ability to self-regulate
  - a perception of control and self-efficacy
  - the cultivation of hope
  - the ability to develop positive interpersonal relationships
  - openness to and acceptance of support from others

IMPLEMENTING HARM REDUCTION IN PSH

- Focus on goals & assets
- Value the *strengths* people bring to their recovery
- Respect self-directedness
- Value small steps & successes
- Provide choices
- Be an *active* member of the team
- Create predictable environments
- Provide culturally and linguistically competent services
- Focus on behavior when enforcing lease

IMPLEMENTING HARM REDUCTION IN PSH

- Be:
  - Responsive
  - *Pro-active*
  - Flexible
  - Pragmatic
  - Honest
  - Accessible
  - Engaging
  - Genuine
- Enjoy being with the tenants- a part of the community
- Honor and affirm that **our tenants can recover**, rebuild, and sustain a healthy, self-determined future